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UNCLAS SECTION 01 OF 03 AMMAN 004831

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SENSITIVE

USDOC FOR 4520/ITA/MAC/ONE/PTHANOS

E.O. 12958: N/A

TAGS: [EAID](#) [SOCI](#) [PREL](#) [IZ](#) [JO](#)

SUBJECT: CPA SENIOR HEALTH ADVISOR HAVEMAN'S VISIT TO AMMAN

Sensitive but unclassified; please protect accordingly

1. (sbu) Summary: CPA Senior Health Sector Advisor Jim Haveman and a team of CPA staff visited Amman July 28-29 on a fact-finding and appeal tour. During meetings with an array of local and international groups, Haveman described current conditions in the Iraqi health sector, elicited outside views on progress being made in Iraq, and made a pitch for material and technical assistance. CPA has already made enormous strides in getting the health sector up and running again, but used this trip to identify a number of remaining critical needs for which they are requesting assistance from the donor community, governments, and the private sector. The GOJ has already begun to consider some of these needs and could be a natural conduit for rebuilding Iraq's health sector. End summary.

WHAT'S THERE

2. (u) The health sector currently consists of: One 11-story MoH building; approximately 240 public hospitals; 70 private hospitals; 5 hospitals that were previously the private reserves of Saddam Hussein and family; 1,200 primary care clinics; 13 medical schools. The sector employs 85,000 people, including MoH personnel and health care professionals. The sector has 29,000 hospital beds, half of them empty.

CURRENT CONDITIONS

3. (u) According to Haveman, all 11 stories of the MoH building were completely gutted by looters, down to the switchplates and electrical wiring in the building. Power supply to the country's hospitals is sporadic, and roughly 50% of the medical equipment country-wide is not working. Resources tend to be concentrated in and around Baghdad, with significantly lower levels of supply and infrastructure in the south and in the north. For example, Haveman noted that 3 million northern Kurds share 3 MRI machines, and have not had access to basic painkillers like Demerol in over 14 years.

4. (u) Medical capabilities in the country are relatively strong, with a healthy supply of qualified physicians and pharmacists. However, lack of access to information over the past two-plus decades has put the medical community well behind the curve on modern techniques and therapies. Nursing care is substandard, with nurses serving more as orderlies than as medical caregivers.

5. (u) Management capabilities throughout the country are virtually non-existent. Decades of oppression have stifled initiative, and much of the sector, as elsewhere in the country, is ruled by fear or reprisal for any independent thought. Furthermore, the completely centralized nature of the sector under Saddam meant that only the MoH had administrative authority, leaving doctors in charge of local hospital administration. The system currently has no hospital administrators as such.

6. (u) The CPA MoH budget stands at \$210 million for H2 2003, exclusive of salaries. This compares favorably to the \$16 million Saddam spent in all of 2002 to provide health care for 23 million people. Within the CPA budget, \$30 million has been earmarked for procurement of generators for hospitals, and another \$125 million for purchasing/procurement of critically needed supplies (in addition to funds provided through the OFF program).

WHAT THEY'VE DONE

7. (u) Haveman's overarching goal is to decentralize the healthcare system and devolve as much responsibility as possible to the local level. In conjunction with that, he is working to overhaul the MoH and bring supplies and services to communities that need them most. Since the war ended, CPA has:

-- delivered humanitarian supplies to critical needs areas, including 3,500 tons of medical supplies in the past 45 days.

-- returned medical service levels to near or better than

pre-war levels: in the Kurdish north, service levels are at 100%-plus of pre-war levels; in Basra and the south, service is at 85% of pre-war; and in Baghdad and central Iraq, service levels are at 75% of pre-war.

-- restructured wages for health care professionals. Doctors now earn \$160-\$260 per month (vice \$20/month under Saddam), and pharmacists have seen their wages increase substantially from the \$1/month they earned under the old regime.
-- Purged the upper reaches of the MoH of Baathist leadership, removing 10 senior MoH officials.

-- held the first country-wide meeting of provincial hospital managers in 40 years.

-- held the first country-wide nurses' seminar in recent memory.

-- launched the "Adopt-a-hospital" program, which seeks to identify sponsors from the international public or private sector who will refurbish, repair, and supply one of the 30 hospitals designated by CPA as having the most critical needs.

-- began prioritizing O-F-F contracts to ensure delivery of the most critically needed supplies. CPA staff have categorized outstanding approved and funded contracts into four tiers, with tier one being the most critically needed supplies. The top 50 tier one contracts were submitted to the UN on July 24, and notification to ship should go out to contractors by August 7. Tier 2 contracts will be notified by end September; tier 3 by end October; and tier 4 (no priority) by November 21, when OFF terminates. In addition, CPA is prioritizing approved but NOT funded contracts to see which if any contain critically needed supplies. Those that do will be considered for filling from CPA's \$125 million procurement budget. Lower priority unfunded OFF contracts may be considered at a later date, depending on how needs develop. Contracts with Iraq under programs other than OFF (e.g., the Jordan-Iraq oil and trade protocol) are not currently being prioritized by CPA.

-- began plans to identify a "tiger team" of some 200 engineers and repair specialists already in Iraq to conduct a rapid assessment and repair of inoperable medical equipment. That which can be fixed easily will be, that which is irreparable will be discarded, that which requires additional repair will be identified. Announcement of this team may be made in as little as two weeks.

WHAT THEY NEED - MATERIAL

18. (u) CPA is developing a "wish list" of critical needs and of longer term needs for bringing the MoH and the sector up to international norms. Broadly speaking, outstanding needs can be broken down into two categories: material needs, and technical assistance needs.

19. (u) Iraq is critically short of "tier one" drugs, i.e. high-quality pharmaceuticals and life-saving and more specialized drugs. The Kimadia warehouse is awash in drugs purchased under OFF during the Saddam regime, but many of those drugs were purchased for purely political reasons and either do not work, are not safe, or were never intended for delivery. CPA made a plea to multinational pharmaceutical company regional representatives for a commitment to donate and/or contract quality drugs on a long-term commitment basis, to ensure a continuous supply.

110. (u) The country is also in critically short supply of basic medical supplies and equipment, and is seeking donations from the private sector and donor community to supplement current stocks. CPA is also preparing a specific needs list for presentation to the planned UN donors' conference in October. Haveman mentioned in particular a shortage of proper hospital beds, noting all the beds in the system date from the mid-1980's. On a related note, he said bedsheets and blankets are virtually nonexistent.

111. (u) The Ministry itself, and hospital administrative offices, are in need of basic office supplies - desks, chairs, wastebaskets, calculators, and the like. CPA would welcome donations of such equipment. Haveman was quick to note, though, that MoH is not yet prepared to accept IT equipment, as they have not planned out an IT strategy which, he noted, would have to be compatible with other government ministries and with the network of hospitals and clinics.

112. (u) The healthcare system also needs updated medical textbooks, journals, and other recent medical literature, including on CD-ROM, both to supply medical schools and to bring practicing healthcare providers up to speed on current practices. Finally, the system is in short supply of medical-grade oxygen. CPA has indicated a desire either for a steady supply of such oxygen or, even better, investment in existing or new oxygen manufacturing plants to provide oxygen to hospitals on a commercial basis.

WHAT THEY NEED - TECHNICAL ASSISTANCE

113. (u) While material needs are the most critical currently, CPA has noted a number of areas where technical assistance would be welcome in the medium-to-long term. These areas include, but are not likely limited to, finding adoptive "parents" for the Adopt-a-Hospital program, providing training/skills upgrades for Iraqi pharmacists, repairing medical equipment not covered by the "tiger team," skills training for nurses, legislative and regulatory assistance to develop a streamlined registration/licensing regime, development of certification programs and exams for local healthcare providers, and training for EMT's/first responders.

FOLLOW-UP FROM JORDAN

114. (sbu) During Haveman's meetings in Amman, both the private sector and the GOJ expressed eagerness to help meet critical needs wherever possible. CPA staff noted that virtually all of the OFF contracts that Jordanian suppliers inquired about had been prioritized as "tier one," indicating that many outstanding approved/funded Jordanian contracts would be settled expeditiously. They further noted that, among the approved but NOT funded contracts, many Jordanian contracts would probably fall into areas deemed "critical needs." In addition to contract-based support, Jordan offered the following:

-- a group of local doctors has offered to establish a working group to provide training, teaching, and - to the extent possible - medical literature to Iraqi counterparts.

-- The Jordanian Armed Forces have a field hospital currently operating in Iraq. CPA has asked the GOJ to consider folding it into the Adopt-a-Hospital program, in an effort to eliminate the possibility of a parallel healthcare system choking off development of the sector. The Embassy and the GOJ will begin discussing this proposal next week.

-- The Jordanian MoH is providing CPA with copies of all healthcare-related legislation and regulatory frameworks developed since Jordan acceded to the WTO. In particular, they have offered to assist CPA develop regulations for a new, transparent and efficient drug registration regime.

-- Jordan's MoH also offered to include Iraqi enrollment in its newly-founded nursing center.

-- On a broader level, GOJ Planning Minister Bassem Awadallah has pledged the GOJ's full support for any future CPA MoH needs, noting that a stable, prosperous Iraq is in Jordan's best interest. Haveman told Awadallah he would try to put together a specific "wish list" to highlight areas where Jordan might help.

115. (u) CPA Senior Advisor Haveman did not have the opportunity to clear this message.

116. (u) Baghdad minimize considered.
GNEHM